

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the parrative portion of this report.

The time in	mit for cor	rectio	n of each violation is specified in the narrative portion of thi	is report.		
Establishm	ent Name	. /	C #86	Telephone Number 812-948-2019	Date of Inspection (mm/dd/yr) PERMIT #	
Establishm	ent Addres	ss (nui	wher and street, city, state, zip code)  New Albany, IN 47150	812-379-9267	1-28-20 64	
Owner Macis Convienence Stores LLC				Purpose:	Follow-up Release Date  NO lodayS	
Owner's A			- <del>.</del>	2. Follow-up	Summary of Violations:	
Person in C	harge	1	rany Courtney	3. Complaint 4. Pre-Operational	c / Nc R / R	
Responsible				5. Temporary 6. HACCP	Menu Type (See back of page)	
Certified F	ood Manaş	ger Je	eremy Courtney 11-1-22	7. Other (list)	1 2 3 4 5	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative		To Be Corrected By	
342	NC		Measured hot water of h	rank sink at	Today	
				F-110F.		
431	NS	R				
			to have syrup & Mold			
415	<u>C</u>		Observed mile droppings	in value	today	
			Shut off cabinet - Clean	& treat for		
			Mile.			
		_				
					<del>- "</del>	
		-				
Received by	⊥ ⁄ (name and	l title p	orinted):	Inspected by (name and title p	rinted):	
Doreny Courtney Store Maryser Thomas Snider, EHS						
Received by (signature):  Inspected by (signature):						
Chy/ca						
cc: //	//		cc:		ce:	